

APPLICATION FOR RESIDENTIAL RESALE PERMIT

Huron Charter Township
22950 Huron River Dr
New Boston, MI. 48164
(734)753-4466 ext. 143
Fax (734)753-1246

AN ORDINANCE TO ESTABLISH MINIMUM STANDARDS GOVERNING THE STATE OF REPAIR AND MAINTENANCE OF RESIDENTIAL OR COMMERCIAL DWELLINGS PRIOR TO RENTAL TO ESTABLISH PROCEDURES FOR REGISTERING & INSPECTING SUCH PREMISES, TO ESTABLISH SERVICE AND ADMINISTRATIVE FEES, AND TO PROVIDE A PENALTY FOR VIOLATION OF SAID ORDINANCES.

APPLICANT TO COMPLETE ALL ITEMS IN EACH SECTION

**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED AND PAID
FOR EACH ADDRESS/UNIT INSPECTED**

| I. INSPECTION ADDRESS INFORMATION | | | | |
|---|----------|----------|------------------|---------|
| NAME | | ADDRESS | | |
| CITY | TOWNSHIP | COUNTY | ZIP CODE | PHONE # |
| PARCEL # | | | | |
| A. APPLICANT INFORMATION IF DIFFERENT FROM ABOVE | | | | |
| NAME | | ADDRESS | | |
| CITY | STATE | ZIP CODE | TELEPHONE NUMBER | |
| II. TYPE OF INSPECTION | | | | |
| SINGLE FAMILY HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> APARTMENT COMPLEX <input type="checkbox"/> | | | | |
| → APPLICANT MUST PROVIDE THE BUILDING DEPT. WITH A COPY OF A CARBON MONOXIDE TEST COMPLETED BY A LICENSED CONTRACTOR | | | | |
| → RESULTS MAY TAKE UP TO SEVEN BUSINESS DAYS | | | | |
| → THE BUILDING IS NOT TO BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY | | | | |
| SIGNATURE OF APPLICANT: _____ | | | | |

Do Not Write Below This Line

| VII. VALIDATION - FOR DEPARTMENT USE ONLY | |
|---|------|
| APPROVAL SIGNATURE | |
| TITLE | DATE |

The Township of Huron will not discriminate against any individual or group because of Race, sex, religion, age, national origin, color, marital status, handicap or political beliefs